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Written on JUNE 20, 2012 AT 3:19 PM by JWICK

NAMI: An Aviator to Flight Surgeon Perspective (Part 1 of a 2 part series)

Filed under FLEET AND THE FLEET MARINE FORCE, OPERATIONS, U.S. MARINE CORPS (2 COMMENTS)

Editor's note: In part one of this two-part blog, Lt. Cmdr. Johnson explains how he, like many aviation candidates, views the flight surgeons who evaluate the student aviators prior to their training. Johnson tells his unique experience and how it changed his view on Naval Aerospace Medical Institute processes. Part two of the blog series posted on Navy Medicine's Live blog on Thursday, June 28th.

By Lt. Cmdr. Charles Johnson, staff flight surgeon, Naval Aerospace Medical Institute (NAMI)



Lt. Cmdr. Charles Johnson

I began my Navy career as an aviator in 1997, receiving my wings in 1999. My personal experience has given me a keen awareness of how most aviators feel about the Naval Aerospace Medical Institute (NAMI) clearance process. Simply stated, NAMI is one of the biggest hurdles to clear before realizing their dream of becoming a naval aviator, and beginning the flight training process. Transitioning from a naval aviator to a naval flight surgeon has been an eye-opening experience that has changed the way I view the foundational goals and importance of NAMI.

The institute was established in 1965 to train medical professionals to become aviation medical providers and to conduct aerospace research. In 1970, the Naval Aerospace Medical Research Laboratory (NAMRL) took oversight of the research component of military medicine, allowing NAMI experts to focus on training while accepting the added responsibility of providing medical clearance for all aviation candidates. All aviation personnel must pass through the halls of NAMI in Pensacola, Fla., to receive medical clearance before they can fly or serve as an aviator or aircrew for both Navy and Marine Corps aircraft.

As an aviation candidate, I viewed flight surgeons as malicious, ruthless, and unsympathetic physicians whose sole purpose was to medically disqualify or 'down' an otherwise healthy aviation applicant. My medical screening process began in 1996, as I nervously sat in the auditorium surrounded by dozens of other aviation candidates anxiously awaiting the

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scrutinizing process that all applicants must endure to gain medical clearance. The process was an agonizing multi-day event that was so distressing for me, that I remember it as if it were yesterday. All I wanted to do was fly, and I was terrified that NAMI physicians were going to find some loop hole to disqualify me from the aviation program.

Reminiscing on my experience, I can recollect moments during the NAMI medical clearance phase of my aviation career. One of those moments occurred on the second day of processing when all the candidates were handed their medical records. The documents were placed in official government folders with individualized notes stuck to the front of each record. My folder had 'HIV' written on it in large bold black letters. It felt at that moment like my stomach was in my throat. I immediately thought this meant that the numerous tubes of blood they extracted from my arm the day before tested positive for HIV, which meant I was going to be disqualified, processed out of the Navy and aviation program, and die shortly thereafter. This experience could easily be described as one of the most terrifying in my life. At the time I was an ensign who was too humbled to clarify my suspicions. To my relief, it turns out they wrote HIV on several folders to alert the medical staff that certain candidates still needed an HIV lab test to complete medical processing.

A second distressing experience occurred during the Ophthalmology clearance process. Candidates were being disqualified for excessive nearsightedness, excessive farsightedness, defective depth perception and color vision, as well as vision improvement procedures such as LASIK eye surgery and photorefractive keratectomy (PRK). Aviators were not eligible to receive PRK or LASIK waivers back then, so a history of PRK or LASIX surgery meant you were packing your bags to go home or being transferred to another job designator in the Navy. I remember one candidate had to be physically removed from the Ophthalmology Department because he became so irate about being disqualified for his prior history of PRK. I would later find out that he knew PRK was disqualifying, so he chose not to disclose this information in his original application in hopes that the Ophthalmologist would not be able to detect that this procedure had been performed.

Virtually every Navy and Marine Corps aviator has heard of the infamous slang term ‘NAMI Whammy.’ An aviation candidate is considered to have been hit with the ‘NAMI Whammy’ when their medical qualification is either delayed by what they view as medical bureaucracy, or by being deemed ‘Not Physically Qualified’ (NPQ) without the possibility of a waiver. In my quest to become a naval aviator, I started the NAMI processing system with a large group of candidates and ended with a select few. Candidates slowly disappeared one by one, being disqualified in the selection process. That is what the ‘NAMI Whammy’ meant to me; hard working folks just disappearing for reasons unbeknownst to me, never to be seen or heard of again. But it wouldn’t take me long to learn that this process had its place for a reason.

*Part two of the blog series posted on Navy Medicine's Live blog on Thursday, June 28th.
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Written on JUNE 28, 2012 AT 9:00 AM by JWICK

NAMI: An Aviator to Flight Surgeon Perspective (Part 2 of a 2 part series)

Filed under FLEET AND THE FLEET MARINE FORCE. OPERATIONS. U.S. MARINE CORPS

{3 COMMENTS}



Lt. Cmdr. Charles Johnson

Editor's note: In part one of this two-part blog, Lt. Cmdr. Johnson explains how he, like many aviation candidates, views the flight surgeons who evaluate the student aviators prior to their training. Johnson tells his unique experience and how it changed his view on Naval Aerospace Medical Institute processes. Part one of the blog series posted on Navy Medicine's Live blog on Thursday, June 21st.

By Lt. Cmdr. Charles Johnson, staff flight surgeon, Naval Aerospace Medical Institute (NAMI)

After 10 years as a naval aviator, I was afforded the opportunity to return to

school to complete a medical degree. Currently, I am proudly serving as a NAMI Flight Surgeon. I am a naval aviator and a naval physician who now has a unique perspective of the NAMI process since I have personally experienced NAMI as both a pilot applicant and a medical provider. I have learned to appreciate that NAMI performs an extremely vital role in Naval Aviation, and have realized that the aviator's perception of the NAMI process is in stark contrast to reality.

NAMI does a lot more than qualify aviation personnel to fly. Its purpose is to employ experts from multiple aviation medicine backgrounds to perform comprehensive medical clearances for all aviation candidates. NAMI also exists to train aeromedical personnel for success in operational assignments.

NAMI is the entity charged with training all:

- Navy Flight Surgeons
- Aerospace Residency-trained physicians
- Aerospace Physiologists
- Aviation Experimental Psychologists

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The United States Navy has the most intensive, rigorous six-month educational flight surgeon training course in the world. It's internationally recognized curriculum provides training opportunities for flight surgeons from countries such as Brazil, Canada, Finland, Germany, Italy, Netherlands and Norway.

From a flight surgeon perspective, an aviation medical clearance is an established standard of criteria that must be met to ensure that aviators and their crew members are medically safe for flight training and aviation careers. Aerospace experts in multiple disciplines such as Flight Surgery, Neurology, Mental Health, Ear/Nose/Throat (ENT), and Ophthalmology/Optometry, along with their support personnel, are employed to achieve the goal of qualifying rather than disqualifying flight candidates. Unfortunately, there are conditions that are deemed too high-risk to allow individuals with these conditions to work in certain aviation professions. Fortunately, some conditions meet the criteria for waiver approval, and candidates are allowed to continue in the flight training program.

Ophthalmology provides a great example of how candidates can benefit from waivers. While the eye exam is one of the most dreaded portions of the NAMI physical qualification process, it is also one of the most revolutionary areas of aerospace medicine. In 2000, the Navy's Ophthalmology experts played an instrumental role in getting authorization to grant a PRK waiver. Over the past several years, this waiver paved the way for the development and authorization of a LASIK waiver. Because PRK and LASIK can improve a person's vision to within the standards required for an aviator, these waivers changed the lives of countless pilots that previously would have been disqualified from pursuing a military aviation career. Advancements in aerospace medicine, like establishing the PRK and LASIK waivers, are being made on a continual basis by NAMI providers to optimize candidate's opportunities to achieve their aviation goals while maintaining a foundational structure of safety.

Becoming a Naval Aviator is a long and challenging, but rewarding process. Transitioning from a Naval aviator to a flight surgeon is a challenge few have achieved. This transition opened my eyes to the risks associated with all aviation-related professions, and provided an in-depth understanding of the importance of ensuring candidates are medically qualified to safely pursue an aviation career. This is done for both themselves and their flight crews. I now take pride in knowing that it is my responsibility to medically protect aviation personnel. Their lives depend on it!

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